



North Carolina Department of Human Resources

Western Regional Office • Black Mountain 28711

James G. Martin, Governor

Phillip J. Kirk, Jr., Secretary

March 11, 1985

TO: Bill Meyer, Head  
Solid & Hazardous Waste Mgt. Branch

FROM: James Patterson *JEP*  
Waste Management Specialist

RE: Suspected Hazardous Waste Dump Site  
Property of Asheville Dyeing & Finishing  
Old Bee Tree Road, Swannanoa, NC

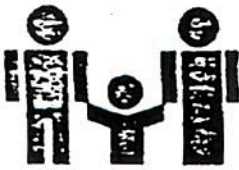
On Friday, March 1st, I received a call from Clyde Roberts, engineer at Asheville Dyeing and Finishing Company concerning a suspected hazardous disposal site on their property. He explained that he had found out about the site through media coverage. TV reporters had talked to a former employee of Northrop Corporation who had told them that Northrop had placed waste on land now owned by Asheville Dyeing and Finishing Company. Clyde stated that he had called Jim Orban of EPA to let him know about the situation. Mr. Orban said that they would add this to their list of places to check, but gave him no specific date for their inspection.

On the afternoon of March 1, 1985, Clyde Roberts and I drove out to the disposal area located several hundred feet from the plant. Clyde explained that from the information he had received the area which we looked at had once been nothing but gullies. Just what had been placed in these gullies by Northrop, he did not know. The whole area was covered with old building materials, rusty drums, etc. (photos enclosed). As shown by one of the close-up photos, one drum contained a type of flare cannister.

If further action or information is needed, please advise.

JEP/dgh

Attached: Photos



Ronald H. Levine, M.D., M.P.H.  
STATE HEALTH DIRECTOR

DIVISION OF HEALTH SERVICES  
P.O. Box 2091  
Raleigh, N.C. 27602-2091

December 6, 1984

Mr. Clyde Roberts  
Plant Engineer  
Asheville Dyeing and Finishing  
Post Office Box 337  
Swannanoa, NC 28778

RE: NEW EPA ID NUMBER NCD 070619663

Dear Mr. Roberts:

Listed above is your EPA ID Number which we just received from EPA.

Cordially yours,

O. W. Strickland, Head  
Solid and Hazardous Waste Management Branch  
Environmental Health Section

OWS/EB/jad

. Attachment





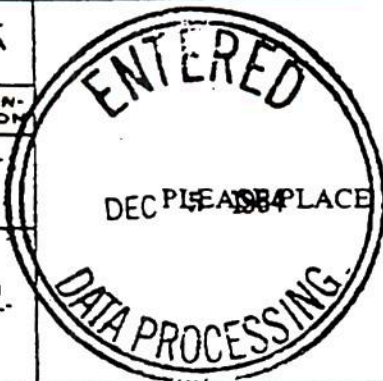
U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION



INSTRUCTIONS: If you received a preprint label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and below blank. If you did not receive a preprint label, complete all items. "Installation" means single site where hazardous waste is generated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. Information requested herein is required by Section 3010 of the Resource Conservation and Recovery Act.

FOR OFFICIAL USE ONLY

COMMENTS

C											
12 13											
INSTALLATION'S EPA I.D. NUMBER											
APPROVED											
DATE RECEIVED (yr., mo., & day)											
F N C D O 7 0 6 1 9 6 6 3											
A											
8 4 1 1 2 3											

I. NAME OF INSTALLATION

A S H E V I L L E D Y E I N G A N D F I N I S H I N G

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O B O X 3 3 7

CITY OR TOWN

ST.

ZIP CODE

4 S W A N N A N O A

N C

2 8 7 7 8

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 O L D F A R M S C H O O L R O A D

CITY OR TOWN

ST.

ZIP CODE

6 S W A N N A N O A

N C

2 8 7 7 8

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

2 C L Y D E R O B E R T S P L A N T E N G I N E E R

7 0 4

2 9 8

2 2 8

0

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 P U B L I C C O M P A N Y

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ X. GENERATION

☐ B. TRANSPORTATION (complete Item VII)

☐ C. TREAT/STORE/DISPOSE

☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR

☐ B. RAIL

☐ C. HIGHWAY

☐ D. WATER

☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your Installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION

☐ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

- ☐ 1. IGNITABLE (D001)
 ☐ 2. CORROSIVE (D002)
 ☐ 3. REACTIVE (D003)
 ☐ 4. TOXIC (D006)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

NAME & OFFICIAL TITLE (type or print) DATE SIGNED  
 Carl Pollard, Plant Manager 11-12-





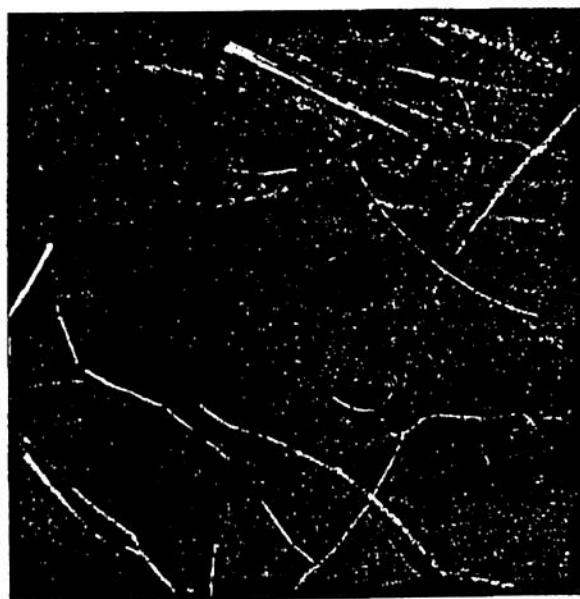
Asherville Dyeing + Finishing prop.  
3/1/85



Asherville Dyeing + Finishing Prop  
3/1/85



Asherville Dyeing + Finishing prop.  
3/1/85.



Asherville Dyeing + Finishing prop.  
3/1/85





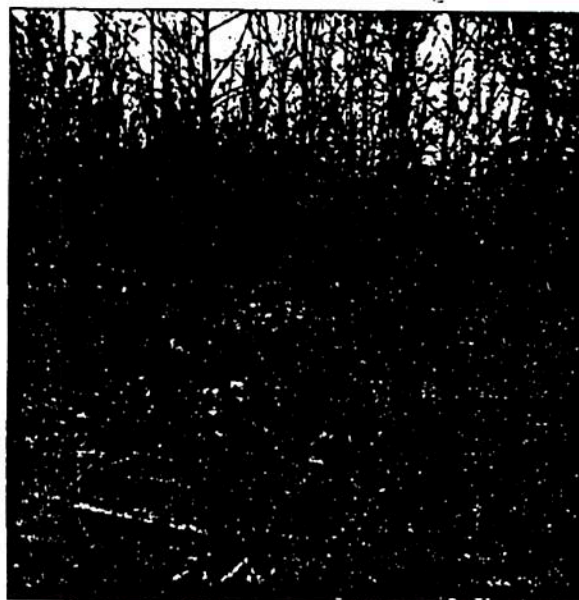
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Asheville Dyeing + Finishing 'U  
3/1/85



Asheville Dyeing + Finishing prod  
3/1/85



ASHEVILLE DYEING AND FINISHING DRY.  
3/1/85